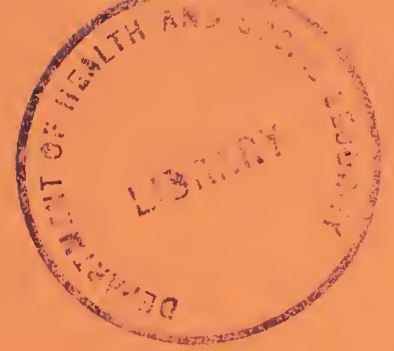


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TAUNTON RURAL DISTRICT

Annual Report

OF THE

Medical Officer of Health

AND

**Senior Public Health
Inspector**

FOR THE YEAR 1969

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TAUNTON RURAL DISTRICT

Public Health Staff, 1969

Medical Officer of Health :

HUGH MORRISON, M.B., Ch.B., D.P.H.

Senior Public Health Inspector :

W. PLIMMER, M.A.P.H.I.

Deputy Senior Public Health Inspector :

E. G. PAYNE, M.A.P.H.I.

Additional Public Health Inspector :

B. S. YULE, M.A.P.H.I., F.R.S.H.

Clerk to the Council :

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Telephone: Taunton 87275/6

To :

THE CHAIRMAN AND MEMBERS OF THE
TAUNTON RURAL DISTRICT COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1969. The report contains the usual information on the health and sanitary circumstances of the district. This has again been divided into two sections, the first referring to the province of the Medical Officer of Health, and the second contributed by the Senior Public Health Inspector. The report, in the main, follows the same lines as those of the previous year, but certain fresh facts have been incorporated in the various sections.

Some points of interest to which attention may be drawn are as follows:—

Comments are inserted on the vital statistics for the year together with some notes on deaths from diseases of heart and blood vessels and from cancer of the lung.

The present position regarding the Mass Radiography Service is alluded to.

A note is included on the influenza epidemic which affected this area, along with the rest of the country, towards the end of 1969.

Progress was made with planning and construction of a number of important sewerage schemes and these are referred to in the appropriate section.

The provision of a large number of old persons' bungalows at Bishops Lydeard was an outstanding event of the year and is mentioned in the section on Housing.

Once again I wish to thank the Members of the Council, the Clerk and Officials of the other Departments, and the Staff of the Public Health Department for their willing assistance and co-operation.

I am,

Your obedient Servant,

HUGH MORRISON.

TAUNTON RURAL DISTRICT

Statistics of the Area for the Year 1969

Area (in acres)	70,448
Estimate of resident population, mid-year 1969	25,650
No. of inhabited houses according to the Rate Book on 1st April, 1969	8,409
Rateable Value 1st April, 1969	£746,283
Sum represented by a 1d. Rate, year 1969-70	£3,213.19.8

Physical Features and Social Conditions

Taunton Rural District lies in the south-western region of Somerset, surrounding Taunton Borough, the County Town. It is roughly triangular in shape, with Taunton Borough situated near the middle of the triangle. The boundary of the district is formed on the north by the Rural Districts of Williton and Bridgwater; on the east and south-east by the Rural Districts of Langport and Chard; on the south by the County of Devon; on the south-west and west by the Rural District of Wellington.

There is considerable variation in the type of country found in different parts of the district: in the north and north-west there is high ground forming portions of the Quantock and Brendon Hills; in the south the land rises to the hill parish of Churchstanton lying in the Blackdowns; between these regions lies the fertile valley of Taunton Deane, with the ground falling towards the east to the flat moors and marshy ground surrounding the lower reaches of Tone and Parret. Geologically also, the formations vary. In the north are found chiefly old and new red sandstone; in the south, lower lias and upper greensand; the valley regions have new red marl, new red sandstone and alluvium.

The climate is equable, with an average annual rainfall of 36.6 ins., and an average mean daily temperature of about 41°F. in January and 62°F. in July.

Rich arable and pasture land covers most of the district, but some of the hill regions are in the rough uncultivated state, and the soil on the Blackdown Hills tends to be poor in quality. In the eastern parishes the land is subject to seasonal flooding. Communications are good, and almost all parts of the district are easily accessible by road. Following the Tone valley through the middle of the district runs one of the main lines of the Western Region of British Railways and a branch line leaves it near Taunton to run to Minehead.

There are thirty-two parishes with estimated populations varying from 72 to 3,099.

Most of the inhabitants are engaged in some form of agriculture, dairy farming being particularly important. General farming is also largely practised, and allied activities are withy growing and basket-making, fruit farming and cider-making. There is a paper mill in the district which employs a fair number of people, and another source of employment for men is stone-quarrying which is carried out on a considerable scale. A factory producing meat products and a branch factory run by Taunton Shirt Manufacturers, are additional centres of employment in the district. Many of the residents in the rural district travel daily to Taunton to work in factories and other establishments.

There are two large hospitals in the district, namely Tone Vale Hospital in the parish of Bishops Lydeard, which, with its patients and resident staff, accounts for a population of about 1,000, and Sandhill Park Hospital which is situated in the same parish.

VITAL STATISTICS OF THE YEAR

With reference to the figures which follow, it should be pointed out that the standardisation of the rate for births and deaths allows for the differing age and sex distribution of the populations in different areas, and is obtained by multiplying the crude rate by a comparability factor for the district furnished by the Registrar General. This enables comparison to be made with the figures for the country as a whole, or with those for other districts.

1. Births.

(a) Live Births.

	M.	F.	Total	Crude birth rate per 1,000 of the estimated resi- dent population	14.2
Legitimate	174	163	337		
Illegitimate	12	16	28		
Totals	186	179	365		

{ Standardised Birth Rate, Taunton R.D. ..	15.5
{ Birth Rate, England and Wales	16.3
{ Percentage Illegitimate of total live births ..	7.6

(b) Still Births.

Total	4
{ Rate per 1,000 (live and still) births—	..
Taunton R.D.	11.0
England and Wales	13.0
{ Rate per 1,000 estimated resident population—	..
Taunton R.D. .. .. .	.15

2. Deaths.

(a) Total Deaths	335
Crude Rate per 1,000 estimated resident population	13.1
{ Standardised Death Rate, Taunton R.D. ..	9.8
{ Death Rate for England and Wales	11.9

(b) Maternal Mortality.

Total maternal deaths from all causes ..	0
------------------------------------------	---

(c) Infant Mortality.

Deaths of infants under 1 year of age—

Total	..	..	..	3
Deaths among legitimate infants	..	..		3
" " illegitimate	..	..		0
{ Death Rate per 1,000 total (live and still) births—				
Taunton R.D.	..	..	..	8.0
England and Wales	..	..	..	18.0

(d) Deaths from Cancer—

Cancer of the lung	..	Males	..	8
		Females	..	2
				10
Cancer in all other situations				21
		Males	..	29
		Females		50

Number of deaths from cancer of lung—England and Wales—

1965	..	..	..	..	26,399
1966	..	..	..	..	27,025
1967	..	..	..	..	28,250
1968	..	..	..	..	28,826
1969	..	..	..	..	29,768

Infant Mortality during 1969

Cause of Death	Under 1 week	1 to 4 weeks	1 to 6 months	6 to 12 months	Total under 1 year
Collapse of lung	1	—	—	—	1
Congenital defect . . .	—	—	1	—	1
Misadventure	—	—	1	—	1

Comment on Vital Statistics

The birth and death rates for Taunton Rural District were rather lower than that of England and Wales as a whole. The infant mortality rate at 8 per 1,000 births was less than half that of the whole country. This is gratifying, but it has to be remembered that a statistical variation of this kind can occur when dealing with a fairly small population without having great significance. The rate of illegitimate births was 7.6 per cent, a figure which, although it is slightly below that of last year, has shown a tendency to rise over the past decade.

The most frequent cause of death, as is always the case, was disease of heart and blood vessels. I am repeating some notes on this which were inserted in last year's report. As the expectation of life of the population gradually increases these diseases are bound to become more prominent.

Chronic rheumatic heart disease: this is damage inflicted on the heart by one or more attacks of acute rheumatism, usually occurring in childhood or early adult life. The structures often affected are the heart valves which may be deformed and rendered incapable of carrying out their function. This throws a constant strain on the heart in the effort demanded from it to compensate for the valve deficiency. Ultimately the heart is liable to become enlarged and to fail.

Hypertensive disease: is the condition associated with high blood pressure. Again a long-standing strain is put upon the heart in overcoming increased resistance to its action.

Ischaemic heart disease: nearly always means coronary thrombosis, in which one of the arteries supplying the heart muscle becomes blocked by a clot of blood, and as a result the portion of the heart depending on the affected artery is deprived of its blood supply. There are various degrees of severity with this condition and many cases make a good recovery, but when a massive blockage takes place the heart becomes incapable of performing its function and death ensues.

Other forms of heart disease: a number of widely varying conditions come under this heading, such as inflammation of the membranes within or around the heart, disorders of heart rhythm and so on.

Cerebrovascular disease: usually means the condition referred to in common terms as a stroke.

Other diseases of the circulatory system: includes such things as arteriosclerosis, commonly called hardening of the arteries, aneurysm or dilation of an artery, and embolism or blockage of an artery, usually by a clot of blood.

There were 4 fewer deaths from cancer of the lung than in 1968, but the figure is still high at 10, 8 of these being males. A table of deaths from this cause in England and Wales over the past five years is given and tells its own tale.

Causes of Death during 1969.

	<i>M.</i>	<i>F.</i>	<i>Total</i>
Tuberculosis, respiratory	—	—	—
Tuberculosis, other	—	—	—
Syphilitic disease	—	—	—
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal Infection	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases	—	—	—
Malignant neoplasm, buccal cavity etc.	2	—	2
Malignant neoplasm, oesophagus	—	2	2
Malignant neoplasm, stomach	5	2	7
Malignant neoplasm, intestine	3	6	9
Malignant neoplasm, lung, bronchus	8	2	10
Malignant neoplasm, breast	—	9	9
Malignant neoplasm, uterus	—	2	2
Malignant neoplasm, prostate	4	—	4
Leukaemia	—	1	1
Other malignant neoplasms	7	8	15
Diabetes mellitus	2	—	2
Mental disorders	1	—	1
Anaemias	—	1	1
Meningitis	—	—	—
Other diseases of nervous system etc.	1	1	2
Chronic rheumatic heart disease	2	3	5
Hypertensive disease	4	4	8
Ischaemic heart disease	44	34	78
Other forms of heart disease	6	14	20
Cerebrovascular disease	20	38	58
Other diseases of circulatory system	7	19	26
Influenza	3	—	3
Pneumonia	12	19	31
Bronchitis and Emphysema	2	3	5
Asthma	—	—	—
Other diseases of respiratory system	—	—	—
Peptic Ulcer	2	—	2
Intestinal obstruction and hernia	2	1	3
Cirrhosis of liver	1	—	1

Other disease of digestive system..	..	..	..	2	2	4
Nephritis and Nephrosis ..	..	..	..	—	—	—
Hyperplasia of prostate ..	..	..	..	—	—	—
Other disease of genito-urinary system ..	..	..	..	2	2	4
Diseases of skin, subcutaneous tissue ..	..	..	..	1	—	1
Diseases of musculo-skeletal system ..	..	..	..	—	1	1
Congenital anomalies ..	..	..	..	2	1	3
Birth injury, difficult labour etc. ..	..	..	..	—	1	1
Symptoms and ill defined conditions ..	..	..	..	2	2	4
Motor vehicle accidents ..	..	..	..	4	—	4
All other accidents ..	..	..	..	2	—	2
Suicide and self-inflicted injuries ..	..	..	..	4	—	4
All Causes —	Total	..	..	157	178	335

GENERAL PROVISION of HEALTH SERVICES FOR THE AREA

Domiciliary Services

(1) Medical and Nursing

There are nine general medical practitioners living and carrying on the main part of their practice in different areas of the district. In addition to this, most of the Taunton Borough practitioners have some rural district residents on their lists, and there is also, as would be expected, some overlap from the surrounding rural districts in the provision of medical attention. There are adequate arrangements for domiciliary consultation, when required, with consultants serving the Taunton area, and speaking generally, the practice of medicine in the district is of a high standard. The provisions for domiciliary nursing are also satisfactory.

(2) Home Help Service

This service, administered by the Somerset County Council, is now well established in the district, and invaluable assistance is given in many cases of illness and the domestic difficulties arising therefrom. There is no doubt that this is one of the most useful of all public services. I am indebted to the County Organiser for the following analysis of cases where help was arranged in Taunton Rural District during 1969.

Maternity	..	..	..	..	..	..	4
Old age	..	..	..	..	..	..	99
Chronic sick..	..	..	..	..	..	..	21
Post Operation	..	..	..	..	..	..	6
Post and Pre-Natal		..	..	..	..	..	1
Care of children	..	..	..	..	..	..	1
General illness	..	..	..	..	..	..	4
Mental illness	..	..	..	..	..	..	1
Accidents	..	..	..	..	..	..	5
Total							142

The apparent increase in the popularity of the Taunton district as a retirement area increases the strain on this already hard-pressed service. A welcome increase in the number of Home Helps employed was still not sufficient to meet the needs of the larger number of those needing help.

(3) Meals on Wheels

The Women's Royal Voluntary Service operates a scheme for supplying meals to old people in the Rural District. The usual thing is to provide a hot meal at mid-day on two days of each week to individual old people. It would be most desirable for the number of meals served to individuals to be increased to at least three per week instead of two. During 1969 an average of 100 meals per week were provided to old people in the parishes of Bishops Lydeard, Ash Priors, Halse, Cheddon Fitzpaine, Bishops Hull, Norton Fitzwarren, Kingston St. Mary, West Monkton, Creech St. Michael, Ruishton, North Curry, Stoke St. Gregory, Hatch Beauchamp, Curland and West Hatch. The present arrangements involve six separate rounds on two days of the week. Most of the meals are very efficiently prepared at the kitchen of Musgrove Park Hospital but it would not be possible to operate a service of this extent were it not for the fact that two ladies prepare meals in their own private kitchens. It is found that eight or nine cases are required in any particular district to make one of these rounds a practical proposition. The names of those requiring the service are provided by doctors, district nurses and home helps, and those patients requiring special diets as in diabetes can be catered for. It is hoped to extend this service progressively in the rural district provided that sufficient helpers are available. The work of distributing these meals is done by members of the W.R.V.S. and one would wish to express gratitude for this service which provides an outstanding social benefit to the community.

Hospital Services

The Hospital Services of the district are administered by the West Somerset Hospital Management Committee, under the general direction of the S.W. Regional Hospital Board. A detailed re-appraisal of these services is going on at the present time following on the production by the government of a comprehensive Hospital Plan for the nation. Some of the provisions for the needs of various types of patient are detailed below:—

(1) General Medical and Surgical

The main provision for hospital services for the area is made by the large general hospital at Musgrove Park in Taunton, which has a branch housing certain departments at East Reach. All medical conditions, apart from certain cases requiring treatment at specialised regional centres, are dealt with at this hospital.

A new Accident Centre was opened during 1968 in association with the East Reach Branch Hospital already mentioned.

The ultimate plan for hospital services in the area is that a large new District Hospital should be erected on the outskirts of Taunton. Planning of this project is well advanced, but commencement of the work has been delayed because of the national economic situation.

(2) **Infectious Diseases**

Cases of infectious diseases from Taunton Rural District are sent to the Taunton Isolation Hospital situated in the Borough of Taunton. The pattern of infectious disease requiring admission to hospital is changing. Many of the patients admitted suffer from vague pyrexial illnesses in which the diagnosis is in doubt. Scarlet Fever which used to provide a large proportion of the admissions is, at the present time, a relatively mild disease and most of the cases are nursed at home. Measles and Whooping Cough still demand hospital treatment in the occasional case where there are severe complications or where home nursing is impracticable. Diphtheria has not been seen in the district for many years. Poliomyelitis is being brought under control by inoculation. The extensive use of antibiotics has resulted in the appearance of severe infections due to certain bacteria which were formerly regarded as fairly harmless, and this leads to the admission of cases of this kind to the Isolation Hospital.

(3) **Tuberculosis**

Cases of pulmonary and non-pulmonary Tuberculosis come under the Regional Hospital Board for treatment, which is supervised by the Chest Physicians for the area. The Sanatoria are at Wincanton and Taunton for pulmonary cases. Cases requiring orthopædic treatment are becoming very uncommon, but when they do occur, arrangements for treatment are made according to the individual need.

(4) **Chronic Sick**

Since the appointment of a Geriatrician to the West Somerset Clinical Area, arrangements for hospital treatment of the chronic sick have been put on a more satisfactory basis. Most of the cases are admitted to Trinity Hospital in Taunton which is having many internal improvements carried out in order to raise it to the highest modern standards. There continues to be a very great pressure on accommodation of this type, and this is a branch of medical care which will undoubtedly make increasing demands on medical and ancillary services as the years go on. There is also severe pressure

on Part III accommodation for elderly people not requiring actual nursing, especially on the female side.

It was not found necessary during the year to invoke powers under the National Assistance Act, 1948, Sec. 47, for the compulsory removal to an Institution of persons in need of proper care and attention.

(5) Mentally Sick

The modern trend is to treat cases of mental illness whenever possible in their own homes so that they may remain as members of the general community.

A Day Mental Hospital in Taunton performs a very useful function in this connection in enabling many patients to carry on at home who would otherwise require to have residential hospital care. When this type of care does prove necessary cases are admitted to Tone Vale Mental Hospital. The psychiatric specialists conduct out-patient clinics for the area, and it is felt that now, more than ever before, mental patients have a better outlook and are reaping the benefit of more successful methods of treatment at an earlier and more hopeful stage of their disease.

In association with the Mental Health Services there are two residential establishments, one for men at Halse Manor and one for women at Lynchfield, Bishops Lydeard. These fulfil a very useful purpose in providing accommodation for elderly patients who have become unable, because of their age, to cope with the stresses of a completely independent life in the community.

(6) Mass Radiography

Regular sessions are held by the Regional Hospital Board Unit on one afternoon of each fortnight at the old Gas Works site in the Borough of Taunton. Residents in the Rural District who wish to have a chest X-ray are welcomed at any of these sessions and it is strongly urged that this facility should be freely used, especially by those over the age of 40 who would do well to have an annual chest X-ray.

There have been some suggestions of curtailing or even dispensing with the Mass Radiography Service and making use of hospital facilities for routine X-ray checks, but it is understood that there is no likelihood of any alteration in the service as operated in the south-west region in the near future.

As an example of the work done in a unit of this sort the following table shows the findings obtained from routine examinations at the Taunton centre during 1969.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number examined	502	642	1,144
Abnormalities detected	12	7	19
Details of abnormalities detected—			
Pulmonary Tuberculosis, healed	1	4	5
Bronchitis and Emphysema	4	1	5
Abnormality of the Diaphragm	2	—	2
Cardiac Lesion Acquired	1	1	2
Bronchial Carcinoma	1	—	1
Lymphadenopathies	1	1	2
Bacterial and Virus Infections of the lungs..	2	—	2

Clinics and Treatment Centres

(1) Tuberculosis

Clinics for patients suffering from this disease, and for the supervision of suspects and contacts, are held by the Chest Physicians at Musgrove Park Hospital. There is an After-Care Committee working in co-operation with these clinics. Mass radiography has been carried out from time to time on various groups of the County population, by a team working from a centre in Bristol.

(2) Venereal Disease

A combined Clinic and Treatment Centre is carried on at the Taunton and Somerset Hospital which caters for male and female patients of this and surrounding districts. These conditions which had, for some years, become rather uncommon in the district have been latterly showing a marked increase in prevalence; and this is in accordance with experience over the country as a whole.

(3) Maternity and Child Welfare

The Maternity and Child Welfare Acts are administered by the County Council, under whose supervision are also the Health Visitors and Midwives practising within the area. There is an excellent Maternity Home in the Urban District of Wellington at which some of the mothers from Taunton Rural District are confined. Obstetric Consultants in Taunton are available for consultation with Medical Practitioners in the District. Abnormal and complicated cases can be admitted for hospital treatment when necessary. Every case of Puerperal Pyrexia and Maternal Mortality is investigated by the Medical Staff of the County Council. A valuable service is now provided for premature infants. Small or premature babies unsuitable for nursing at home are admitted to a Special Care Unit at Musgrove Park Hospital, an ambulance

equipped with an Oxygenaïre incubator being sent to collect them from their homes. If the baby is deemed fit to be nursed at home, the district midwife can obtain advice and special equipment to help her with the management of the case.

Laboratory Facilities

The Public Health Laboratory Service has a Laboratory in Taunton which undertakes the bacteriological examination of swabs, blood, fæces and sputum, etc. This service is available also to the Doctors practising in the District. Bacteriological and chemical analyses are also undertaken for the examination of milk, foods, water supplies and sewage effluents, etc. The co-operation and assistance of the Public Health Laboratory Staff in investigating all types of bacteriological and epidemiological problems is of the greatest value.

Ambulance Facilities

Ambulance transport for all cases is the responsibility of the Somerset County Council. The main Ambulance Station and Control for the south-west of the County is situated at the entrance to Musgrove Park Hospital. The Ambulance Station serves a very wide area and at 31st December the establishment of vehicles and staff was as follows:—

Vehicles	..	9 Ambulances
		7 Sitting-case Ambulances
		1 Car
Staff	.. ..	6 Sub-officers
		26 Driver -attendants

All vehicles at this Station are fitted with two-way radio communication.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Acute Infectious Diseases

The following table gives the number of notifications received for various notifiable diseases.

Infectious Diseases, 1969

<i>Disease</i>	<i>Number of cases notified</i>
Measles	69
Scarlet Fever	4
Whooping Cough	5
Infective Jaundice	31

Measles provided the only substantial number of cases of notifiable disease during the year, and the epidemic involved far fewer cases than occurred in 1968. Immunisation against measles may have some credit for this, but this procedure has not yet had a fair chance to demonstrate its usefulness.

Infective Jaundice produced 31 cases. As explained in last year's report, this virus infection has only recently been added to the list of officially notifiable diseases and the higher figure is probably due to increased awareness of the disease on the part of family doctors rather than any increase in prevalence.

Towards the end of 1969 a severe epidemic of influenza built up in this country, and the Taunton Rural District had many cases. The epidemic lasted on into the early weeks of 1970. It was due to a variant of influenza virus A. According to the Report of the Chief Medical Officer of the Department of Health and Social Security the epidemic was as bad as any in the last 20 years and there was probably as high a sickness rate and mortality as in any comparable period since the 1930s. The impression was formed in this area that after-effects in the form of cough and other respiratory symptoms were more troublesome and prolonged than one usually expects to find with influenza. In accordance with national policy immunisation was made available in the autumn for doctors, health visitors, nurses and others whose work involved the likelihood of close contact with sufferers from the disease, and also for patients on family doctors' lists who were deemed to run special risks if they contracted influenza: but in spite of a certain amount of public pressure no general offer of vaccination was made, because the effectiveness of the procedure has not yet reached a stage where it can be depended upon to have a worthwhile effect in controlling the spread of the disease.

Tuberculosis

	<i>Pulmonary</i>	<i>Non-Pulm.</i>
Cases on the Register at 31.12.69	9	6
New cases during 1969	2	2
Deaths during 1969	—	—

Four new cases were notified during the year, two of these being pulmonary and two non-pulmonary. There has been a great decrease in the prevalence of tuberculosis over the past years but it is by no means on the point of disappearing altogether. In fact, there are still more deaths from tuberculosis in this country than from any other notifiable infectious disease. The treatment and follow-up service is good in this area.

Immunisation

This form of protection against infectious disease is now carried out almost entirely by family doctors, the mechanism of summoning children for injection at the appropriate time being handled by computer. As was stated in last year’s report the percentage of children immunised in Taunton Rural District cannot now be given, but it is certainly high. In the Chief Medical Officer’s Report, Somerset was one of four areas mentioned as having an immunisation rate of 90–95 per cent of children, this being the highest for the whole of the country.

An up-to-date schedule of the immunisation programme recommended for all children is appended, together with brief notes on the diseases against which the procedure is aimed.

<i>Age</i>	<i>Vaccine</i>
4 months ..	First diphtheria/whooping cough/tetanus and oral polio vaccine.
6 months ..	Second diphtheria/whooping cough/tetanus and oral polio vaccine.
12 months ..	Third diphtheria/whooping cough/tetanus and oral polio vaccine.
18 months ..	Smallpox vaccination.
13 months—2 years	Measles vaccination.
4½ years	Diphtheria/tetanus (no whooping cough) and oral polio vaccine. Smallpox re-vaccination 4 weeks or more after this booster.
Over 11 years ..	B.C.G.
14½ years	Oral polio vaccine. Tetanus toxoid. Smallpox re-vaccination four weeks later.

Diphtheria

Immunisation against diphtheria was the first mass campaign of protection against an infectious disease carried out in this country, apart from vaccination against smallpox which has never been applied to such a wide extent. The result is that, whereas there used to be thousands of deaths from diphtheria each year in England and Wales, the mortality is now almost down to vanishing point. It is necessary for the percentage of protected children in the community to be kept high in order to avoid the recurrence of outbreaks.

Whooping Cough

This is now probably the most generally disabling of the common infectious diseases affecting young children. There are risks to life, especially in infants, and lung complications can be severe and prolonged. Immunisation is preventive in a good proportion of cases and in the remainder modifies the disease to produce a mild attack.

Tetanus

This is an uncommon infection in this country but important because of its very severe character and the high rate of mortality in those affected. It is much commoner in some of the less developed parts of the world, and even in Europe at least 26,000 have died from this cause in the past ten years. Immunisation gives the practical certainty of complete protection.

Poliomyelitis

It is hardly necessary to stress the misery which can result from this disease in view of the widespread epidemics which have occurred in this country within recent memory. Many of the sufferers die, and others are left with a lifetime of disablement. Immunisation is now simple with the use of vaccine given by mouth and has been largely responsible for the virtual elimination of poliomyelitis as a serious epidemic risk in this country at the present time. Here again it is essential that a high proportion of children continue to be immunised in order to avoid the danger of further outbreaks.

Smallpox

Smallpox is one of the most deadly of all infectious diseases. Its incidence in this country has been confined in latter years to scattered outbreaks, but the dangers of large-scale epidemics are increasing owing to the ease and rapidity of air transport from countries where the disease is still endemic. Vaccination gives excellent protection, and is best done initially in the second year of life.

Measles

This has always been a very common infection among children, with far from negligible risks to those in the younger age groups especially. Immunisation is now being carried out against this disease and it is hoped that widespread outbreaks will, in time, become a thing of the past.

Tuberculosis

One of the most dramatic improvements in the state of the national health has been the enormous fall over the period since the last war, in the prevalence of tuberculosis and in the number of deaths which it causes. There are many factors responsible for this gratifying development, and one of them undoubtedly is the beneficial effect of the widespread campaign of immunisation with B.C.G. which has been carried out. The required injection is given after the age of 11 years after preliminary skin testing, to determine which children are susceptible to an attack of the disease.

Number of children tested	..	..	..	69
Number of children immunised	..	..	..	58

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

The water supplies of the district are now under the control of the West Somerset Water Board, of whose area Taunton Rural District forms one portion.

The service provided by the Board is proving very satisfactory and it is the experience of the Public Health Department that any complaints which arise and any defects which come to light are given prompt attention, and matters are quickly set to rights.

Most of the water supplied to the district comes from Clatworthy reservoir in the Brendon Hills, but some is still drawn from sources on the Blackdowns and there are one or two hill springs used for small areas where the height above sea level makes it impracticable to provide water from the main supply. Most of the areas of the district where it is reasonable to expect a piped public supply have now had this facility provided. Minor works are carried out from time to time to serve outlying concentrations of dwellings.

The Water Board has furnished the following statistics of water testing carried out by them during 1969. Additional checks are made from time to time by this department.

Taunton R.D.C. Water Supply Area 1969

Supply	Chemical		Bacteriological				
	Total Samples	Unsatisfactory	Totals	Class 1	Class 2	Class 3	Class 4
Fulwood	18	0	26	25	1	—	—
Clatworthy	1	0	11	11	—	—	—
Other (Chlorinated)	16	8	17	17	—	—	—
Other (Not Chlorinated)	8	8	21	5	3	1	12

The figure of 8 unsatisfactory chemical samples from chlorinated water is accounted for by some rather high figures for iron content in water supplying Churchinford. The level of iron, although undesirable, was not sufficient to constitute a threat to health.

In the last column referring to Other Water (Not Chlorinated) the unsatisfactory results referred to reports on the water at Lydeard St. Lawrence and West Bagborough which has been known to be subject to slight intermittent contamination.

Sewerage and Sewage Disposal

A survey of drainage provisions in the various parishes of the district has been carried out by the Public Health Department, a preliminary report of this having been made to the Public Health Committee in 1962, and a final report at the beginning of 1965. From the facts disclosed by these reports and the discussions which took place on the subject, and taking into account more recent developments, the following summary of the position at the end of 1969 may be given:—

1. Eight parishes had satisfactory sewerage for their main concentrations of properties, with drainage either into small individual sewage works or into the Taunton Borough works at Ham, Creech St. Michael. These parishes were:—

Bishops Hull
Bishops Lydeard
Churchstanton
Creech St. Michael
Hatch Beauchamp
Norton Fitzwarren
Ruishton (including Henlade)
Trull

A substantial problem with this group concerns the works at Bishops Hull which are overloaded and badly sited in relation to adjacent inhabited properties. The Bishops Lydeard works are at full stretch, and flooding threatens to be a problem during heavy rain. The speed and extent of housing development at Creech and Ruishton may result in over-taxing of the present arrangements for these parishes as time goes on.

2. Two parishes had systems which were not really adequate for their purpose. These were:—

Combe Florey
Corfe

Combe Florey has a public sewer leading to a settlement tank and the works at Corfe are inadequate in size. Conditions in these parishes, however, had not been such as to require urgent attention to these matters, but the increased development in the Corfe area threatened the necessity of some action there.

3. Six parishes had sewerage schemes in various stages of planning or construction. These were:—

Cheddon Fitzpaine
Kingston St. Mary
North Curry
Stoke St. Gregory
West Bagborough
West Monkton

Cheddon Fitzpaine and West Monkton had a main sewerage scheme in progress of construction during the year; Kingston St. Mary had reached the planning stage; North Curry and Stoke St. Gregory were likely to have their main scheme started in 1970 and the West Bagborough scheme had been deferred for the time being.

4. Five parishes were considered to have sewerage problems of varying degrees of urgency, and it was decided to proceed with them in due course, but no firm plans had been put in hand at this stage because of the heavy drainage programme to which the Council were already committed. These were:—

Ash Priors
Halse
Pitminster
Staplegrove
Stoke St. Mary

Of this group, the parishes of Pitminster and Stoke St. Mary, because of their proximity to the Borough of Taunton and the resulting pressure of housing development, will probably require to be considered for sewerage at an early date. Staplegrove is a somewhat similar case, but here the need may be slightly less pressing. Ash Priors and Halse lie in the more rural portion of the district but each has troublesome drainage problems.

5. Ten parishes were considered not to require sewerage schemes in the meantime. These were :—

Bickenhall
Cothelstone
Curland
Durstun
Lydeard St. Lawrence
Orchard Portman
Staple Fitzpaine
Thornfalcon
Tolland
West Hatch

These parishes have scattered populations. They have no extensive concentrations of human habitations, with the exception perhaps of Lydeard St. Lawrence village and Bishopswood in the parish of Otterford, where small sewerage schemes might at some time be called for. Otherwise there has been no indication from these areas that drainage and sewage disposal is a serious problem. It is in these parishes, and in the more scattered portions of those previously listed, that a cesspool emptying service is of especial benefit.

Housing

Provision of houses in the District by the Council has gone on steadily throughout the year, 44 houses and 44 bungalows were completed in 1969 and since the end of the war 1,052 have been built. In addition to this about 1,941 houses have been built by private enterprise during the same period. This building activity has had some effect on the waiting list of families requiring accommodation, but continued efforts in this direction will be required for some time to come. There were about 341 applicants for Council houses on the waiting list at the end of 1969 made up as follows :—

145 urgent bona fide cases.

75 applications for old persons accommodation.

121 desiring accommodation for other reasons.

The housing needs of old people have been borne in mind, and at the end of 1969, 245 bungalows were owned by the Council, most of these being occupied by people in the older age-groups. Some flats had also been made available for the same purpose.

A planned concentration of new bungalows for old people was completed at the village of Bishops Lydeard and officially opened in May 1969 by the Chairman of the Rural District Councils

Association, and Members of the Council and other interested people had an opportunity on that occasion of inspecting this excellent development.

The Council's building programme was as follows:—

Parish	Number completed during 1969	Number under construction at 31st Dec., 1969
Bishops Lydeard	55	—
	—	—
	55	—
	—	—

The following table shows the number of houses owned by the Council:—

Parish	Number of houses
Bishops Hull	210
Bishops Lydeard	347
Cheddon Fitzpaine	24
Churchstanton	24
Combe Florey	4
Corfe	8
Creech St. Michael	62
Curland	4
Hatch Beauchamp	31
Kingston St. Mary	44
Lydeard St. Lawrence	34
North Curry	70
Norton Fitzwarren	167
Otterford	4
Pitminster	55
Ruishton	72
Staplegrove	6
Stoke St. Gregory	50
Stoke St. Mary	19
Thornfalcon	8
Trull	15
West Bagborough	34
West Hatch	4
West Monkton	127
Total	1,423

The following table refers to properties dealt with under slum clearance procedure :

Action	Houses dealt with during 1969	Total number of houses dealt with since 1.1.55
1. Acquired by Council for demolition (site used for erecting new houses)	—	6
2. Demolition Order made ..	5	119
3. Undertaking given not to use for human habitation	8	132
4. Houses actually demolished ..	14	147
5. Clearance Area Procedure carried out	—	5 (in one terraced block)
6. Closing Order	3	28

The year showed very gratifying progress in the field of Improvement Grants. During the year, 14 Discretionary Grants and 29 Standard Grants were made, bringing the total of Improvement Grants for the District up to the end of 1969 to 699.

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

During 1969, 18 site licences were issued in respect of individual caravans, in addition to two licences for transit sites.

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

The following is a tabular summary of work carried out during the year 1969:—

Number and nature of inspections:—

Dwelling houses (Inspections and revisits for all purposes)	..	..	..	..	..	796
Food Hygiene	..	..	..	..	..	192
Slaughterhouses	..	..	..	..	..	238
Factories and Workshops	..	..	..	..	..	43
Water Supplies	..	..	..	..	..	73
Drainage nuisances	..	..	..	..	..	189
Refuse collection and disposal	..	..	..	..	..	1,108
Clean Air Act, 1956	..	..	..	..	..	11
Caravan Sites and Control of Development Act	..	..	..	..	..	409
Offices, Shops and Railway Premises Act	..	..	..	..	..	32
Animal Boarding Establishments	..	..	..	..	..	12
Miscellaneous nuisances and other visits	..	..	..	..	..	501
Civic Amenities Act, 1967	..	..	..	..	..	71

Food Hygiene (General) Regulations, 1960

Visits to food premises in the area have been continued during the year and some progress made in securing improvements.

Water Samples

34 samples of water have been submitted for bacteriological examination during the year. 24 samples have been taken from private supplies, and reported on as follows:—

Unsatisfactory	..	..	..	..	19
Satisfactory	..	..	..	..	5
					—
					24
					—

10 samples from various public supplies have been examined. 1 was classified as unsatisfactory.

6 public supplies were chemically examined during the year and gave satisfactory results.

All the above results have been sent to the persons involved, together with suitable advice.

Meat Inspection

The number of carcasses etc. presented for inspection continues to rise although one of the larger slaughter-houses at Fideoak, Bishops Hull, ceased to operate during the year. Problems in connection with this service seem to be insoluble and it appears that a fresh appraisal at an early date on a national level would be desirable.

Structural alterations to slaughterhouses in the area continue to be carried out and the installation of mechanical aids to improve throughput, and also the lot of persons employed in this industry are steadily being provided. Hygiene still leaves a lot to be desired and the standard varies considerably according to the number of animals presented for inspection.

It seems a pity that licences issued in respect of this class of premises do not stipulate a maximum number of animals which can be dealt with at each slaughterhouse per day—it is felt that this would overcome many of the present difficulties.

Caravan Sites and Control of Development Act, 1960

The general standard of sites in the area continues to be quite satisfactory.

Offices, Shops and Railway Premises Act, 1963

Total number of registered premises at the end of the year 58. Number of persons employed in registered premises 222.

Ice Cream

The number of retailers of this product in the area is 90. They sell pre-packed ice cream, which is stored in properly constructed refrigerators.

Meat Inspection
Carcases and Offal inspected and condemned in whole
or in part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	3,199	568	6,509	117,538	106,738	0
Number inspected ..	3,199	568	6,509	117,538	106,738	0
All diseases except Tuberculosis and Cysticerci						
Whole carcasses con- demned	4	7	54	871	281	0
Carcases of which some part or organ was con- demned	837	252	4	15,393	4,956	0
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci ..	26.2	45.5	.89	13.8	4.9	0
Tuberculosis only						
Whole carcasses con- demned	0	0	0	0	2	0
Carcases of which some part or organ was con- demned	0	0	0	0	366	0
Percentage of the number inspected affected with tuberculosis	0	0	0	0	.34	0
Cysticercosis						
Carcases of which some part or organ was con- demned	4	0	0	0	0	0
Carcases submitted to treatment by refrigera- tion	4	0	0	0	0	0
Generalised and totally condemned	0	0	0	0	0	0

**Report on Rodent Control for 12 months
ending 31st December, 1969**

	Type of Property	
	Non-Agricultural	Agricultural
Number of properties in Local Authority’s District	7.142	559
Total number of properties (including nearby premises) inspected following notification	339	45
Number of above properties infested by (i) Rats (ii) Mice	201 24	19 3
Total number of properties inspected for rats and/or mice for reasons other than notification	287	58
Number of above properties infested by (i) Rats (ii) Mice	38 3	8 3

Rodent Control

Work under this heading is carried out in conjunction with the daily supervision of refuse collection and disposal and appears to operate very well indeed.

Refuse Collection

A weekly system of refuse collection now operates throughout the area. Three vehicles are employed on collection duties as follows:—1 x 35 cu. yd. Pakamatic and 2 x 25 cu. yd. Fore and Aft Tippers fitted with compression plates—compression vehicles are essential in order to deal with the ever increasing volume of refuse. Awkward items of refuse, e.g. old cars, furniture, etc., which cannot be collected or accommodated on the refuse vehicles are dealt with by a tractor (power operated bucket) and trailer.

Refuse Disposal

The problems mentioned in the 1968 Annual Report still exist and pollution is an ever continuing and increasing problem.

Civic Amenities Act, 1967, Part III

The facilities provided at Thornfalcon continue to be well patronised and obviously fulfil a useful purpose in preventing dumping. Although the tip is open always very little abuse seems to have taken place.

Salvage Collections and Sales

Iron, rags, metal, wool, batteries, waste paper, cardboard, newsprint and magazines to the value of £456 17s. were disposed of during the year.

Factories Act, 1961

The inspection of factories and workshops in the district from a public health point of view is carried out by the staff of the Public Health Department. Routine visits are paid to the various premises and the following table gives particulars of this work.

Inspections for purposes of provisions as to health :—

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers Prose- cuted
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be en- forced by Local Authorities	8	4	0	0
(ii) Factories not included in (1) to which Section 7 applies	97	39	0	0
(iii) Other Premises under the Act (excluding out-workers' premises)	3	0	0	0
Total ..	108	43	0	0

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